ATTY. DOCKET NO.: P66852US3

S PATENT AND TRADEMARK OFFICE

In re Application of:

Allan TANGHOJ, et al.

Serial No.: 10/722.574 Filed: November 28, 2003

For: CATHETER DEVICE Group Art Unit: 3767

Examiner: Andrew M. Gilbert

Confirmation No. 4958

TRANSMITTAL

MAIL STOP AMENDMENT

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Supplemental Information Disclosure Statement to be filed in the above-captioned patent application.

The fee has been calculated as shown below:

}	Claims	1 0		Present			Small Entity			Other Than
	Remaining			Extra			Rate	(or))	Small Entity
	After						Additional			Rate
	Amendment	Paid F	or				Fee			Additional Fee
Total Claims	20	- 20	=		x 25	=	\$	x 50	=	\$
Ind. Claims	02	- 03	=		x105	=	\$	x210	=	\$
[] Multiple I		+185	=	\$	+370	=	\$			
					Total		\$	Total		\$

- A Credit Card Payment Form in the amount of \$1,230.00 is attached for: Supplemental <u>X</u> Information Disclosure Statement and Petition for Extension of Time (3x).
- If a Petition for Extension of Time is necessary and the Petition and/or the check is not enclosed, <u>X</u> this will act as the Petition and applicant herewith petitions the Commissioner to extend the time for response and charge any fees necessary under 37 CFR 1.17 (a)(1)-(5) to Deposit Account No. 06-1358. The Commissioner is also authorized to charge payment of any other additional fees associated with this communication or credit any overpayment to Deposit Account No. 06-1358. A duplicate copy of this sheet is attached.

Respectfully submitted,

JACOBSON HOLMAN PLLC

Harvey B. Jacobson, Jr Reg. No. 20,851

400 Seventh Street, N.W. Washington, D.C. 20004-2201 Telephone: (202) 638-6666

Date: June 25, 2008

HBJ:SCB

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PATENT

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(Claims Remaining	Highest Number		Present Extra			Small Entity Rate	(or)		Other Than Small Entity
	After	Previously					Additional			Rate
	Amendment	Paid For					Fee			Additional Fee
Total Claims	20	- 20	=		x 25	=	\$	x 50	-	
Ind. Claims	02	- 03	=		x105	=	\$	x210) =	\$
Multiple Dependent Claims					+185	=	\$	+370) =	\$
					Total		\$	Total		\$

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